

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1.
  - a. Whether there should be additional reimbursement for date of service 05/01/01.
  - b. The request was received on 02/19/02.

## **II. EXHIBITS**

1. Requestor, Exhibit 1:
  - a. TWCC-60 and Letter Requesting Dispute Resolution dated 02/19/02
  - b. HCFA's
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC-60 and Response to a Request for Dispute Resolution
  - b. Audit summaries/EOBs
  - c. Medical Records
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/01/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 05/01/02. The response from the insurance carrier was received in the Division on 05/15/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

## **III. PARTIES' POSITIONS**

1. Requestor: per letter dated 02/19/02  
"The treatment received was medically necessary, pre-authorization was received, and billing was done in accordance with TWCC fee guideline."
2. Respondent: per letter dated 05/14/02  
"The Respondent/Carrier requests that a Findings and Decision be entered finding that its reimbursement of \$660.00 was fair and reasonable."

#### IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only date of service eligible for review is 05/01/01.
2. The carrier's EOB has the denial **G** – "Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
05/01/01	99070-C	\$1590.00	\$50.00	No denial code	DOP	MFG, SGR (V)(B)(1-3)	The referenced SGR list the reimbursable CPT codes for surgical procedures performed in a doctor's office. The CPT code in dispute is not one that is reimbursable per the referenced SGR. Therefore, no additional reimbursement is recommended.
05/01/01	99070-IN	\$79.00	\$0.00	G	DOP	MFG, SGR (V)(B)(1-3)	The referenced SGR list the reimbursable CPT codes for surgical procedures performed in a doctor's office. The CPT code in dispute is not one that is reimbursable per the referenced SGR. Therefore, no reimbursement is recommended.
<b>Totals</b>		\$1,669.00	\$50.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 7<sup>th</sup> day of August 2002.

Larry Beckham  
 Medical Dispute Resolution Officer  
 Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.